

Results First Initiative in North Carolina

April 2018

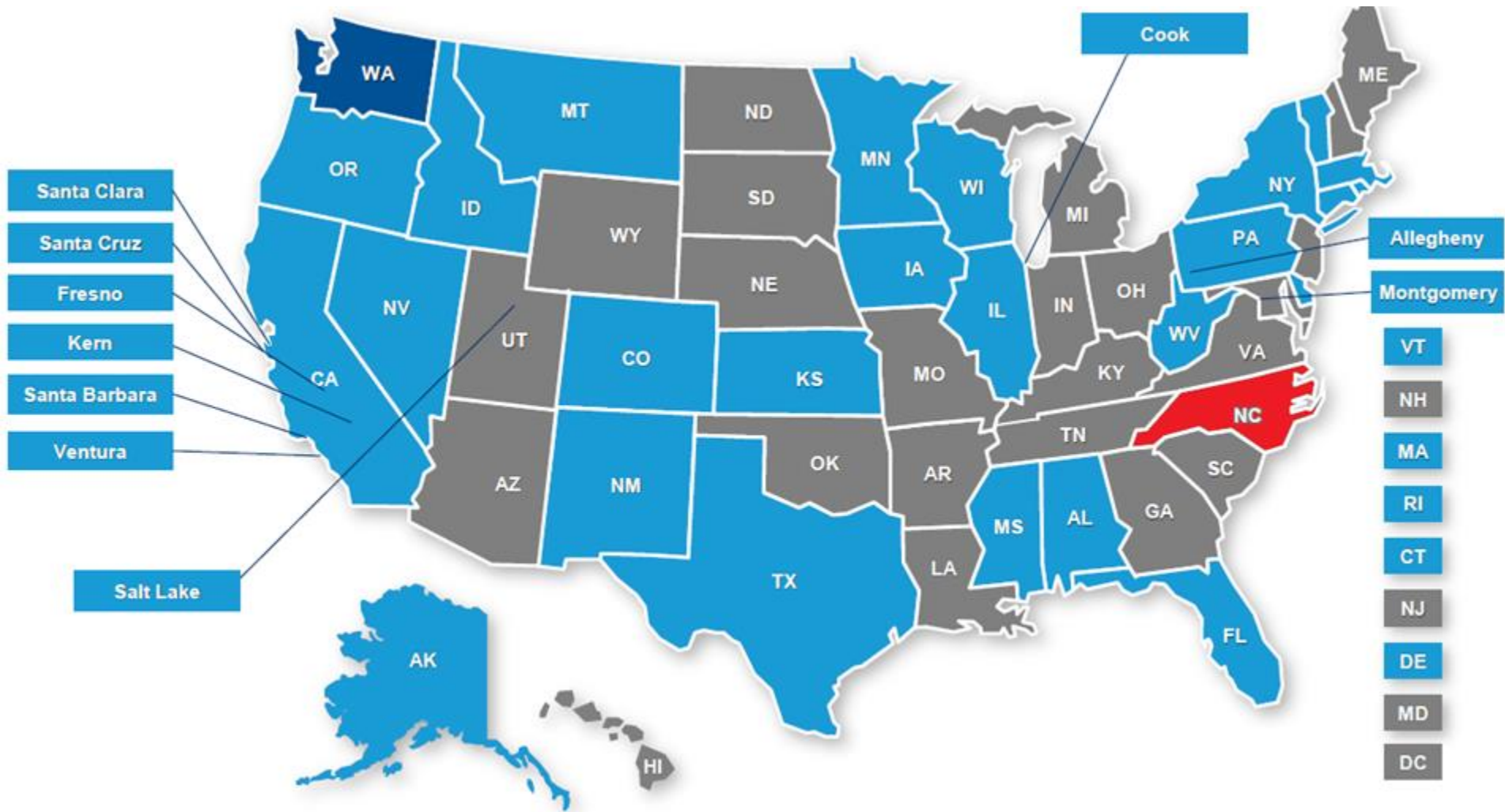


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Results First Four-Step Process

1. Compile Program Inventory



2. Match Programs to Available Evidence



3. Conduct Benefit-Cost Analysis



4. Analyze Results & Inform Stakeholders

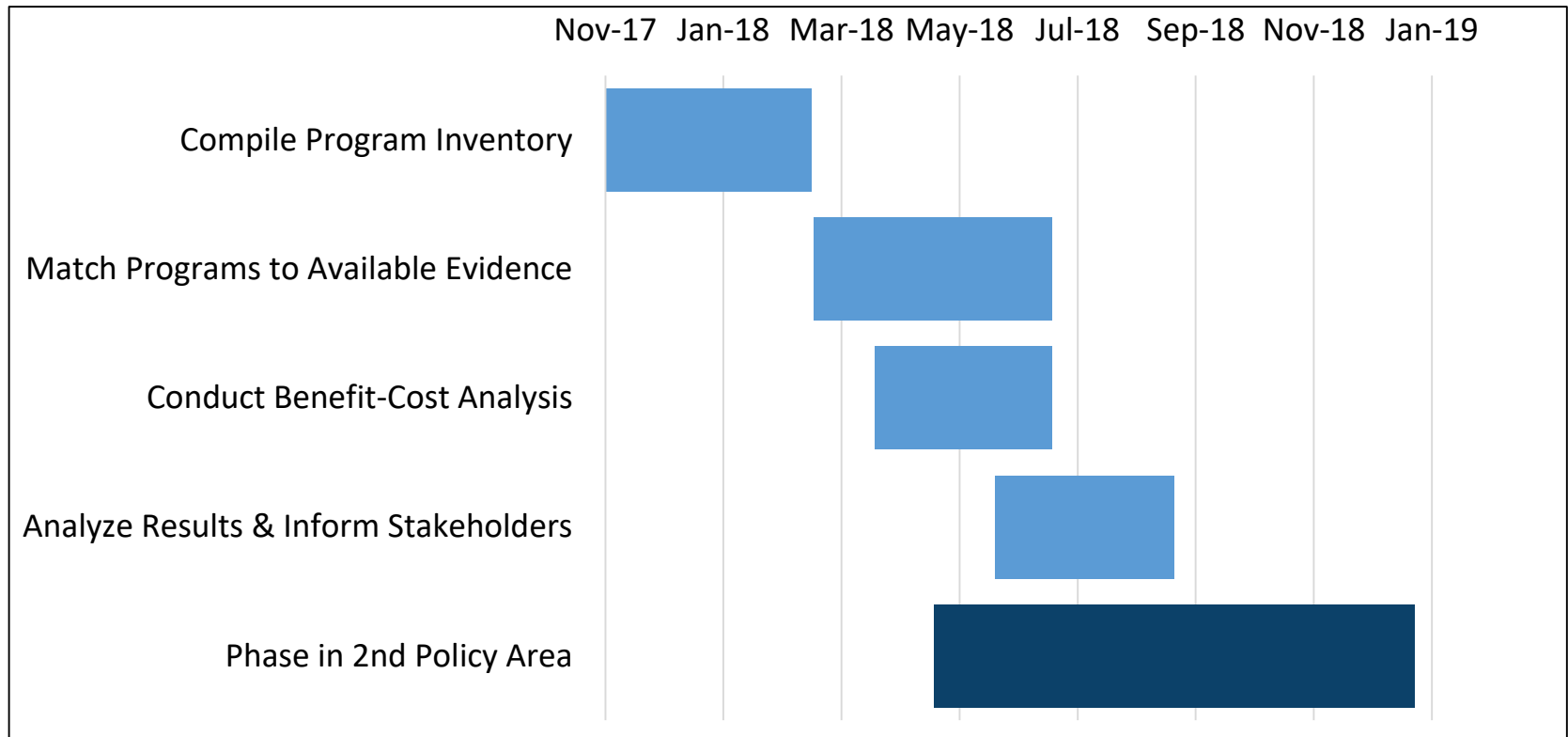


Results First in North Carolina

- OSBM partnered with DHHS and Governor's Office to select first policy area of child and family health.
- Review programs that focus on the following outcomes:
 - Reducing the incidences of chronic diseases such as Type 2 diabetes and obesity.
 - Improve birth outcomes and prevent infant mortality, low birthweight, and preterm births.



Implementation Timeline





Step One: Health Program Inventory

1. Compile Program Inventory

2. Match Programs to Available Evidence

3. Conduct Benefit-Cost Analysis

4. Analyze Results & Inform Stakeholders

- Programs are defined as “systematic activities that engage participants in order to achieve desired outcomes.”
- State partners develop a comprehensive list of all the programs in the health policy area, along with the following:
 - Average duration & frequency
 - Oversight agency
 - Delivery setting
 - Target population



Health Program Inventory Examples

- Using the DHHS Open Window system, DHHS identified programs related to the chosen scope.
- Some examples of programs are:
 - Diabetes Prevention Program (DPP)
 - Eat Smart, Move More, Prevent Diabetes (ESMMPD)
 - 5As Tobacco Cessation
 - Safe Sleep



Step Two: Match Programs to Available Evidence

1. Compile Program Inventory



2. Match Programs to Available Evidence



3. Conduct Benefit-Cost Analysis



4. Analyze Results & Inform Stakeholders

An evidence-based program is one where the program has been rigorously evaluated to demonstrate an actual cause and effect relationship between a program and the results or outcome of the program.



Results First Tiers of Evidence

Highest Rated

- Program had a positive impact based on the most rigorous evidence.

Second-Highest Rated

- Program had a positive impact based on high-quality evidence.

No Evidence of Effects

- Program had no impact based on the most rigorous or high-quality evidence.

Mixed Effects

- Program had inconsistent impacts based on the most rigorous or high-quality evidence.

Negative Effects

- Program had a negative impact based on the most rigorous or high-quality evidence.

Not Rated

- Program is not in the Results First Clearinghouse Database.



Research Limitations

Not all programs will be in the Results First Clearinghouse Database. This does not mean that they are not effective programs.

- Rigorous evaluation has not been conducted.
- Too small to warrant a rigorous evaluation.
- Ethical concerns with denying access to a program.



Research Limitations

- Results First model is not meant to accomplish everything.
- Purpose of the approach is not to eliminate programs simply because they are not in the Clearinghouse.
- Provides evidence-based information and insight but doesn't answer every question.
- Not intended to discourage innovation when designing or adapting programs.



Strategies for Using Results First

- Improve evidence-based programs to maximize impact.
- Scale up what works.
- Shift resources towards effective, high-return programs.
- Identify key programs for evaluation where evidence is unavailable.
- Aid strategic planning and performance management.



Next Steps

- OSBM incorporating evidence into the budget development cycle.
- On track to complete first topic area in August 2018.
- OSBM anticipates beginning a second policy area in Spring 2018.

Results First Policy Areas





Questions

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